

<b>Case Number:</b>	CM15-0189084		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female, who sustained an industrial injury on 10-30-2014. Medical records indicate the worker is undergoing treatment for lumbar strain, previous spine surgery, right hip contusion, right ankle sprain and left knee strain and contusion. A recent progress report dated 8-15-2015, reported the injured worker complained of persistent low back pain rated 9-10 out of 10, left knee pain rated 7-8 out of 10, right hip pain rated 9 out of 10 and right ankle pain rated 9-10 out of 10. Physical examination revealed "decreased lumbar range of motion", paraspinal tenderness, positive Kemp's sign, positive straight left leg raise test, right hip "decreased range of motion" and sacroiliac joint tenderness. The right ankle was slightly swollen and tender to palpation with "decreased range of motion". Treatment to date has included physical therapy and medication management. On 8-20-2015, the Request for Authorization requested Caudal epidural injection under fluoroscopy and monitored anesthesia care X 1. On 8- 27-2015, the Utilization Review noncertified the request for Caudal epidural injection under fluoroscopy and monitored anesthesia care X 1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Caudal epidural injection under fluoroscopy and monitored anesthesia care X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in October 2014 as the result of a motor vehicle accident. She has a history of lumbar spine surgery in 2008. The requesting provider for an initial evaluation saw her. She had pain rated at 9/10. She was having radiating pain into the right lower extremity physical examination findings included a body mass index of 30. There was positive right straight leg raising. There was pain with lumbar range of motion. There was decreased lower extremity strength and sensation. There was right trochanteric bursa tenderness. She was wearing a left ankle brace. There was medial left knee joint line tenderness. A caudal epidural injection was requested with fluoroscopy and monitored anesthesia care. An MRI of the lumbar spine in January 2015 included findings of moderate left L5/S1 foraminal stenosis. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation with positive straight leg raising. However, she has right sided radicular pain and imaging does not corroborate the presence of ongoing right sided neural compromise. Additionally, there is no documentation of a medically necessary reason for monitored anesthesia during the procedure being requested. There is no history of movement disorder or poorly controlled spasticity such as might either occur due to a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. There is no indication for the use of monitored anesthesia and this request is not medically necessary for this reason as well.